

National Aeronautics and Space
Administration

Headquarters

Washington, DC 20546-0001



DATE: _____
TO MEDICAL DIRECTOR, HEADQUARTERS EMPLOYEE HEALTH CLINIC
FROM _____
SUBJECT Request for Release of Medical Record from the NASA System of Records, NASA 10SMED

I request and give consent for a copy of my medical records contained in the subject files, and as identified below, be sent to my personal physician, as indicated:

_____ Results of medical examination on
_____ LAB _____ EKG
_____ Other (*Explain*) _____

Send to: DR. _____
Address (*include ZIP Code*) _____

Signature

Address

City, State, and ZIP Code

Social Security Number